



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

THE NURSING OF MENINGITIS

By MARY. A. JONES

Superintendent of Nurses West End Nursery and Infants' Hospital, Boston, Mass.

THERE is probably no disease with which a baby may be afflicted that calls for more patience, tact, vigilance, and loyalty to the physician in charge than meningitis. The very hopelessness of the case renders the family doubly anxious and suspicious.

You are all too familiar with the disease to make it necessary to describe the symptoms of the various types, but one should always bear in mind that these vary greatly in infants from those of adults or older children, and the nurse can do much to assist the physician in his diagnosis by a careful observance and report of the case.

The baby should be kept quiet in a darkened, well-ventilated room, and every care exercised not to hit the bed or otherwise jar the patient, who should be moved or turned with the utmost gentleness. It is a good plan to have an extra crib, the change to which rests the child; he is not disturbed as much while his bed is being made, and his bedding may be more easily and frequently aired. This last is quite important with any baby, and especially so in case of illness which is likely to be long, as in most forms of meningitis. The night-gowns should be made of any soft, warm material, large enough to be removed easily, and never left in wrinkles under the body. From the first one should take every precaution to prevent bed-sores. The child emaciates rapidly, and before we know it the skin over the prominent bones is getting red. This is very true of the back and sides of the head. Even when the child resists our attempts to move the muscles of the neck, he will often turn his own head from side to side until first the hair is worn off, then, unless we are very careful, and sometimes in spite of our efforts, abrasions will occur. A rubber ring is of little use here, as one large enough to relieve the pressure makes the child uncomfortable, while the rubber is irritating. Caps of soft linen, put on early, are often sufficient, or these may be padded, not too thickly, with absorbent cotton, this to be renewed as frequently as it is matted down and no longer elastic. Small, soft rings of sheet wadding may be held in place with the cap, or, if the patient is not too restless, may be simply placed on the pillow under the portion of the head one wishes to protect. Similar rings may be made in various sizes to suit any part of the body where we see there is likely to be pressure. Always avoid getting the rings too large.

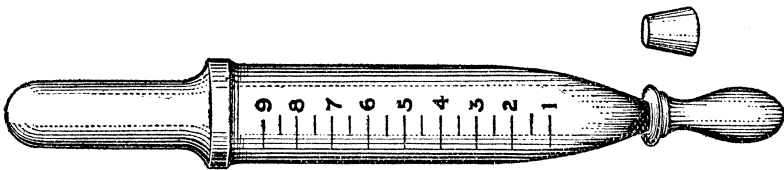
We have found in the hospital that bathing with lime-water and water, equal parts, especially those places in the folds where there is

likely to be any moisture, and dusting with talcum, starch, and zinc, or any inert powder, helps to keep the skin in good condition. Light massage is also a great help. Alcohol should be used sparingly on babies.

With these precautions and frequent change of position we can generally avoid any trouble. Collodion and adhesive plaster as a means of holding protective dressings or pads in place should be avoided as much as possible, as both are irritating to the child's skin.

When the patient is made comfortable, one must look out for his nourishment. This is perhaps our greatest difficulty. The child does not wish to take food, and every effort of ours to make him do so disturbs him and distresses the parents. Nevertheless, we must in some way manage to give him a sufficient quantity to keep up his strength. This will probably be a little less and a little weaker than what the baby would take in health. Whether this is given to him from a bottle, spoon, medicine-dropper, Breck's feeder, or stomach-tube depends on which disturbs the patient least. If one must resort to gavage (and as a rule the child is disturbed less and takes more by this method), the family should be advised not to remain in the room during the process of feeding, for to one not accustomed to this mode it often seems cruel and repulsive. With the babies the tube is generally passed through the mouth; if, however, this is found to excite the child, or if he is unusually restless, a smaller catheter should be selected and passed through the nose. In the latter case the catheter should be lubricated with sweet-oil, vaseline, or boracic-acid ointment, and passed without force, alternating the nostrils in order to avoid unnecessary irritation. A baby will sometimes take and retain several ounces through the tube, at two- or three-hour intervals, and be very little disturbed by it, when he will vomit even very small quantities taken other ways.

For those nurses who may not have seen a Breck's feeder, I will say that it is a simple device consisting of a glass cylinder about five inches



BRECK'S FEEDER

long by one inch in diameter; this is graduated to half a drachm and holds nine drachms. It is so shaped at one end as to allow a small rubber nipple to be fitted to it. The large end has a rubber cot.

By means of a slight pressure on this cot the milk is forced into the

child's mouth without any danger of spilling it or hurting the mucous membrane, as might be done with a spoon if he is very restless, and can be given slowly enough to avoid the danger of choking. To fill the cylinder the small end is plugged with a rubber stopper, the milk poured into the large end, after which the cot is put on, the feeder inverted, and the nipple replaced. This is found very convenient in feeding premature or other weak infants.

I trust that every nurse keeps a bedside record in each case. With meningitis it is absolutely necessary. One is constantly surprised, when a patient is given nourishment frequently, to find how little is the amount taken in the twenty-four hours, and unless the nourishment chart is kept to show us what he has had, our baby may be losing his only chance of recovery. It makes no difference what chart is used for this purpose, whether one of the many good ones on the market or one ruled by the nurse to suit the case, the essential thing is to have the column of totals where the doctor can see at a glance when he makes his visit what the child has had.

The treatment varies according to the severity of the symptoms. There is no specific treatment. Drugs and stimulants are to be given as the doctor directs. Bromide is frequently given in continued doses where there is pain. When there is vomiting, good results are obtained by giving this by rectum to the older children, but rectal injections of any kind are seldom retained by the little babies.

An ice-cap may be applied to the head if it make the child more comfortable. Many babies are disturbed by it, and, as a rule, they do not stand cold well. The temperature seldom requires treatment.

As convulsions are not uncommon, one should ascertain what treatment the physician wishes carried out in case they should occur. Bromides and other sedatives are of little use when once the convulsions have begun. When ether is to be used, make sure it is within reach and the cone ready. A few whiffs are generally all that are required. If hot packs, hot or mustard baths, the articles used must be where they can be obtained at a moment's notice, and not have to be collected when wanted, thereby relieving the family of any unnecessary suspense. Convulsions are distressing to any of us; how much more so to those not accustomed to seeing them, and doubly so to the child's parents?

Otitis media is a very common complication, and as the babies seldom assist us in discovering this trouble by holding the hands over the ear, as do older children, the nurse should be on the lookout for any sensitiveness or unusual discomfort about this region. Often a rise of temperature is the only indication of the trouble until there is perforation of the drum. Then it is the nurse's duty to keep the ear clean. This

may be done by syringing it with warm water every three hours or by wicking it with absorbent cotton, these wicks to be changed frequently. Deafness is generally prevented, where there is a discharge, by thorough cleanliness of the canal.

In case of any skin lesion, such as herpes or petechiæ, or a macular eruption caused by bromide or other medicine, the nurse should be ready to explain their presence to the mother, and not leave her to think the child has contracted some other terrible disease.

If lumbar puncture is to be made, the baby's back in the lumbar region is to be washed in soap and water, alcohol, ether, and a weak solution of corrosive sublimate, 1 to 8000, and covered with a corrosive dressing. The needle is generally introduced into the fourth space. There should be corrosive sublimate, 1 to 4000, for the doctor's hands, sterile cotton to be used as a pledget for the test-tube, also articles ready for a collodion dressing, or the puncture may be covered with a corrosive sublimate or sterile pad. The needle and test-tube should be boiled for fifteen minutes. The child is to be placed on his side with knees drawn up on a padded table or other flat surface, and held firmly. The test-tube containing the spinal fluid should be kept, tightly plugged with cotton, in an upright position. If allowed to tip, the fibrin may collect on the side and be overlooked at the examination. It is not the province of the nurse to suggest a lumbar puncture, neither should she in any way prejudice the family against it. For while we cannot say positively that it does any permanent good and is generally done only to assist in the diagnosis, we have seen more than one instance in the hospital where the patient was temporarily relieved by it. For hours and sometimes for days following, the bulging of the fontanelle was less marked, the eyes showed less evidence of pressure, and the general condition of the child was apparently improved.

The patient is at all times to be kept absolutely clean and dry. A drop of milk on the face or corners of the mouth, a little secretion in the eyes or about the nose, are indications to the mother that the nurse is careless, and these things cannot be forgiven when the patient is so ill.

If the child's feet are cold, or he shows signs of collapse and requires heaters, watch them very carefully. A hot-water bottle that would not be uncomfortably warm for an adult or an older child will frequently burn a baby.

When the patient is inclined to scratch or pick his lips, nose, or ears, his hands should be in some way restrained. To pin the sleeves to the napkin or to bind the arms to the sides with a towel usually irritates the child. We have found that a long sleeve which can be drawn over the hands and forearm and fastened securely to the sleeve of the gown, the

other end tied to the crib by means of tapes, prevents his getting the hands to the face, and at the same time allows much freedom of motion. Above all things, let the parents see that you are doing your utmost for the child. If you are getting too tired, call for another nurse, but do not relax your efforts for one moment. The time may be probably coming when the only comfort for the parents will be the thought that their baby was made as comfortable as human power could make him.

HYGIENE OF THE HOUSEHOLD

By EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

(Continued from page 40)

I HAVE an all-abiding faith in the efficacy of the "Gospel of Cheerfulness" for practical use in every-day living.

We are influenced—consciously or unconsciously—by our surroundings, and they often prove to be a great factor in our lives for joy or sorrow. How gladly we welcome to our homes the friend with a cheerful face who persists in looking on the bright side of life, the letter bringing us "good news from a far country," the book with a laugh on every page, or the joyousness of a sunny spring morning which awakens hope and courage in our hearts! And if these trifles impress us so deeply when we are strong and active, how much the more will they influence those who are shut in to a world of suffering.

"Since trifles make the sum of human things,
And half our misery from our foibles springs."

The nurse who possesses a cheery, hopeful disposition will have a tremendous influence for good with her patients, often pouring "the cup of strength in some great agony" which will raise them up out of the "slough of despond" where so many sufferers dwell.

When there is an invalid in the family, how naturally all the brightness of the home life is laid at her feet. The most cheerful seat at the fireside, the brightest books and flowers, and the daintiest morsels to eat become her daily portion, thus illustrating the theory that cheerfulness in every form is essential to the well-being of the sick.

Sunshine is almost a necessity in a sick-room; it is a simple matter to shut it out with shades, blinds, or screens when not desired, and there are few patients who are not the better, morally and physically, for its